## DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

ATTORNEY DOCKET NO. 10030039-1

As a below named inventor, I hereby declare that:

My residence/post office address and citizenship are as stated below next to my name;

wy residence/post offic	e addit	caa and citizena	inp are a	stated below	HEXIL	o my name,			
I believe I am the origing joint inventor (if plural patent is sought on the	names	are listed below	tor (if onl v) of the	y one name is subject matt	listed er whi	below) or an o ch is claimed a	riginal, first and and for which a		
SYSTEM AND METHODETECTORS	IOD F	OR DEAD-BAN	ID DET	ERMINATION	FOR	ROTATIONAL	FREQUENCY		
the specification of wh	ich is a	ttached hereto u	unless th	e followina bo	x is ch	ecked:			
· ·				_			Annlication		
( ) was filed on Number	and	was amended o	n		(if a	pplicable).	, Application		
I hereby state that I hincluding the claims, a disclose all information	s amen	ided by any am	endment	(s) referred to	above	e. I acknowle	ed specification, dge the duty to		
Foreign Application(s) and/or	Claim of	Foreign Priority							
I hereby claim foreign priori inventor(s) certificate listed a filing date before that of the	oelow an	d have also identifie	ed below ar	ny foreign applica					
COUNTRY		APPLICATION NUI	MBER	DATE FILED		PRIORITY CLAIMED	UNDER 35 U.S.C. 119		
	<u> </u>					YES:	NO:		
						YES:	NO:		
Provisional Application I hereby claim the benefit u below:	nder Title	e 35, United States	Code Sect	ion 119(e) of any	/ United	States provisional	application(s) listed		
	AF	PPLICATION SERIAL NUMB	BER	FILING DAT	E				
U. S. Priority Claim I hereby claim the benefit u		05 11 11 10 1	<u> </u>	100 f		<del>-</del>			
insofar as the subject matter manner provided by the firs information as defined in Tit application and the national	r of each t paragra le 37, Co	n of the claims of th oph of Title 35, Unit ode of Federal Regul	nis applicat ted States ations, Sec	ion is not disclose Code Section 112 ition 1.56(a) which	ed in the 2, I ackn	e prior United State nowledge the duty	es application in the to disclose material		
APPLICATION SERIAL NUM	BER	FILING DAT	ΤE		STATUS (p	atented/pending/abandor	ned)		
	=-								
POWER OF ATTORNEY: As a named inventor, I he business in the Patent and T Customer	rademark	Office connected t		and/or agent(s)  Place Custo Number Bar	mer	ecute this applicat	ion and transact all		
				Label he	re				
Send Correspondence to AGILENT TECHNOLOGIE		Direct Telep	hone Calls	To:					
Legal Department, DL42	9	David H. Ta	nnenbaum		or				
Intellectual Property Adr P.O. Box 7599	ninistratio	on (214) 855-8	333						
Loveland, Colorado 805	37-0599								
I hereby declare that	all state	ements made he	erein of n	ny own knowl	edge a	are true and the	at all statements		
made on information with the knowledge	and be	elief are believe	d to be t	rue; and furth	ner tha	t these statem	ents were made		
imprisonment, or both false statements may	, under	r Section 1001	of Title	18 of the Unit	ed Sta	ates Code and	that such willfu		
Full Name of Inventor: Bri	an J. G	alloway		Citizens	hip: Un	ited States			
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Post Office Address: S	ame as	residence.							
Bail				061	06/18/2003				
Inventor's Signature		<i></i>	<del></del>	_ <del></del>	10/4				

Rev 12/02 (DecPwr)

(Use Page Two For Additional Inventor(s) Signature(s))

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## DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION (continued)

## ATTORNEY DOCKET NO. 10030039-1

Full Name of # 2 joint inventor	: Thomas A. Knotts		Citizenship: U	nited States
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Post Office Address:	Same as residence.			
Inventor's Signature	Knot	6//8 Date	/03	
Full Name of # 3 joint inventor	r:		Citizenship:	
Residence:				
Post Office Address:				
Inventor's Signature		Date		
Full Name of # 4 joint invento	r:		Citizenship:	
Residence:				
Post Office Address:		-		
Inventor's Signature		Date		
Full Name of # 5 joint inventor	or:		Citizenship:	
Residence:				
Post Office Address:			<u> </u>	
Inventor's Signature		Date		
Full Name of # 6 joint inventor	or:		Citizenship:	
Residence:				
Post Office Address:				
Inventor's Signature		Date		
Full Name of # 7 joint invent	or:		Citizenship:	
Residence:				
Post Office Address:				
Inventor's Signature		Date		
			•	
Full Name of # 8 joint invent	or:		Citizenship:	
Residence:				
Post Office Address:				
Inventor's Signature		Date		